S. No. 300
v. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 9 1950
#113969

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28367

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7215

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis,Missouri
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2269
d. STREET ADDRESS (If rural, give location): 3927a Blair Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): MOLLIE
b. (Middle): AMELIE
c. (Last): KLEINE

4. DATE OF DEATH (Month) (Day) (Year): August 22,1950

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: December 23,1875
9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kitchen manager
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Frederick Kleine
13b. MOTHER'S MAIDEN NAME: Amelia Behring
14. NAME OF HUSBAND OR WIFE: -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: -
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Raymond Kleine, 2900 Harper Street.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 4201

22. I hereby certify that I attended the deceased from 8/10/50, 19___, to 8/22/50, 19___, that I last saw the deceased alive on 8/22/50, 19___, and that death occurred at 10:40am m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Harold H. Lurie, M.D.
23b. ADDRESS: 1515 Lafayette Ave.,
23c. DATE SIGNED: 8/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: August 25,1950
24c. NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Missouri

DATE REC'D BY LOCAL REG.: AUG 24 1950
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Math Hermann & Son, Inc. 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

Name

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Homer H. Fritz

Signed.....
Student Embalmer

Licensed Embalmer No. 3882

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 28367-50
Local Registrar's No. 7215

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Amelia Kleine died ~~born~~ 8-22-1950, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 2 should read Amelia Kleine
Instead of Mollie Kleine

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Raymond J. Kleine Inf.
Relationship.

2900 Harper
Present Address.

Subscribed and sworn to before me this 11 day of Sept, 1950

My Commission expires 3-4-53

Ella C. Gaddock
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—4-43
I X36667